

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	mr. G		2/6/00
O.I.P.E. CLASSIFIER	DS		2/19/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 -+ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	2/24/00
2	✓	✓	5/22/00
3	✓	✓	1-9-00
4	✓	✓	11
5	✓	✓	11
6	✓	✓	11
7	✓	✓	11
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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